

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90120 008 ***150.00

DOCUMENT # 530082

1. Entity Name
IMAGE & GRAPHIC SERVICES, INC.

Principal Place of Business INDUSTRIAL LANE P. O. BOX 291788 - FL 33687-8788	Mailing Address 7702 INDUSTRIAL LANE P. O. BOX 291788 TAMPA FL 33687-1788
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C0005793



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1730212		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DONNELLY, PARTICK W 4620 CLOVERLAWN TAMPA FL 33624				Name			
502 s. FREEMONT APT 706 TAMPA, FL. 33606				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELLY, PATRICK			NAME			
STREET ADDRESS	13115 ARBOR ISLE DR 502 s. FREEMONT			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000-33637 APT. 706			CITY-ST-ZIP			
	TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP			NAME			
NAME	DONNELLY, MICHAEL			STREET ADDRESS			
STREET ADDRESS	C/O 7702 INDUSTRIAL LN			CITY-ST-ZIP			
CITY-ST-ZIP	TAMPA FL			TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	NICOLO ROMANO VP	<input type="checkbox"/> Delete		NAME			
NAME	528 FLAMINGO DRIVE			STREET ADDRESS			
STREET ADDRESS	APOLLO BEACH, FL.			CITY-ST-ZIP			
CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		NAME			
NAME				STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		NAME			
NAME				STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		NAME			
NAME				STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PATRICK J. DONNELLY** **1-7-00** **813-985-4955**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)